



## **SCIENCE, TECHNOLOGY, ENGINEERING, MATHEMATICS AND HEALTH ... IMAGINE THE POSSIBILITIES ...**

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Dear Students and Parents,

Please join us for the **STEM-H Enrichment Day** at George Washington University. The program will be held **Saturday, July 20, 2013 from 1:00 PM to 5:00PM**. Admission is free and parents are welcome to attend!

The program will be an opportunity to learn about exciting careers in science, technology, engineering, math and health (STEM-H). We believe that you have the talent and motivation to excel in these careers, and we want to help you achieve your dreams! You will be able to meet with mentors, such as doctors, nurses, scientists, and others with interesting jobs in these areas. You will also learn about how to start on a path towards these careers.

**WHO:** All DC youth in middle or high school

**WHEN:** Saturday, July 20, 2013 from 1:00 PM - 5:00 PM

**WHERE:** George Washington University Marvin Center  
800 21<sup>st</sup> Street, NW  
Washington, DC 20052  
(202) 994-7470

*Please join us in what will be an exciting learning experience to benefit our students and our communities. Feel free to pass this invitation on to others whom you think would benefit from attending.*

For more information, please contact Jacqueline Cole Miles at 202-741-2574.

To register online, visit <http://rodham-stem-day.eventbrite.com>



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**REGISTRATION PACKET  
STEM-H ENRICHMENT DAY**

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**Fax or Email Completed Registration Forms by  
Friday, July 19, 2013 to:**

Jacqueline Cole Miles  
Email: [jcolemiles@mfa.gwu.edu](mailto:jcolemiles@mfa.gwu.edu)  
Fax: 202-741-2788  
Office: 202-741-2574

**To Register Online, visit  
<http://rodham-stem-day.eventbrite.com>**



**STEM-H ENRICHMENT DAY REGISTRATION**  
**SATURDAY, JULY 20, 2013**

**Student Registration Information**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Home Mailing Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State Zip*

Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*This is the email address we will use for important messages regarding the program.*

**School Information**

School Name: \_\_\_\_\_

School Grade: \_\_\_\_\_ 6<sup>th</sup> grade \_\_\_\_\_ 7<sup>th</sup> grade \_\_\_\_\_ 8<sup>th</sup> grade

\_\_\_\_\_ 9<sup>th</sup> grade \_\_\_\_\_ 10<sup>th</sup> grade \_\_\_\_\_ 11<sup>h</sup> grade

\_\_\_\_\_ 12<sup>h</sup> grade

**Parent/Guardian Information**

Name of Parent/Guardian: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*This is the email address we will use for important messages regarding the program.*

**Do you plan to attend the enrichment day program with your child?**    \_\_\_ Yes    \_\_\_ No

## **Emergency Contact Information**

*Person to be contacted in the event of an emergency if parent/guardian cannot be reached.*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

## **Parent/Guardian Agreement & Waiver**

**I give permission for:**

- ☐ My child to participate in the STEM-H Enrichment Day program. I understand that my child will be supervised by the Enrichment Day staff.
- ☐ My child to be photographed, and interviewed for marketing purposes and publication.
- ☐ My child to complete surveys for evaluating program effectiveness.

**By signing your name in the space below, you indicate that you have read and agree to the terms of the Parent Agreement and Waiver.**

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*PRINT: Parent or Guardian's Name*

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*Parent or Guardian's Signature*

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*Date*

**EMERGENCY TREATMENT RELEASE FORM**  
**TO BE COMPLETED BY PARENT/GUARDIAN**

In the event that I cannot be reached by phone, I hereby give my consent for the administration of any medical treatment deemed necessary for \_\_\_\_\_  
by a licensed medical professional. (Print Child's First & Last Name)

This form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
*PRINT: Parent or Guardian's Name*

\_\_\_\_\_  
*Parent or Guardian's Signature*

\_\_\_\_\_  
*Date*

**PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD.**

*Please indicate none after each question if the question does not apply. Do not leave blank.*

Is your child on medication? \_\_\_\_ Yes \_\_\_\_ No If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical problems, disabilities or special needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? \_\_\_\_ Yes \_\_\_\_ No If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_